EXHIBIT C

The Control of the Co		SC3E OF II
United States Bankruptcy Court	DISTRICT OF NEVADA	PROOF OF CLAIM
USA COMMERCIAL MORTGAGE CO- Case Number 06-10725		
NOTE: This form should not be used to make a claim for an adminis of the case. A "request" for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money or property): STANLEY + FLORENCE ALEXANDER, IND. + AS TRUSTEES	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any	
Name and address where notices should be sent: ROBERT C. LEPOME 10120 S. EASTERN #200 HENDERSON, NV 89052 Telephone number: (702) 492-1271	notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: 240 3	Check here ☐ replaces if this claim ☐ amends a previously filed	claim, dated:
1. Basis for Claim General Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	☐ Retiree benefits as defined in 11 ☐ Wages, salaries, and compensation Last four digits of your SS #: ☐ Unpaid compensation for service from	on (fill out below) es performed
Other NEGLICENCE & FRAUX	(date)	(date)
2. Date debt was incurred: JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date obtained:	
4. Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 400000000000000000000000000000000000	Secured Claim Check this box if your claim is a a right of setoff). Brief Description of Collateral: Real Estate Motor Ve Value of Collateral: \$	ehicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in addinterest or additional charges.	dition to the principal amount of the claim. Attach	
 6. Credits: The amount of all payments on this claim has been making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are volu. 8. Date-Stamped Copy: To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of file this claim (attach copy of power of attorney). 	tents, such as promissory notes, purchase acts, court judgments, mortgages, security ND ORIGINAL DOCUMENTS. If the aminous, attach a summary. Iting of your claim, enclose a stamped, self-the creditor or other person authorized to	HIS SPACE IS ITOR COURT USE ONLY

Case Vorga (ASTUM25-15/00 OVA) MS			Hage Low	GP OLIT
UNDER STATE PARKETER YEAR	PRO	OF OF CLAIM		
Name of Debtor:	ase Nur	mber:		
1.				
LUSH CEMMERCIAL MORIGINACO,	DK"	5-06-10725 LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative experarising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.		
11321241000105	ŀ			
ARTHUR E KEBBLE & THELMA M KEBBLE FAMILY		Check box if you have never received any notices		
TRUST DATED 5/19/95		from the bankruptcy court or	DO NOT FILE THI	S PROOF OF CLAIM FOR A
C/O ARTHUR E KEBBLE & THELMA M KEBBLE TRUST	TEES	BMC Group in this case.	SECURED INTER	EST IN A BORROWER THAT IS NOT
9512 SALEM HILLS CT LAS VEGAS NV 89134-7883	i	Check box if this address		eady filed a proof of claim with the
LAS VEGAS IVV 69134-7663		differs from the address on the envelope sent to you by the		or BMC, you do not need to file again.
Creditor Telephone Number (702-242-4129		court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies de	btor:			
#1683		Check here replace or if this claim amen	a previously	filed claim dated:
	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	alaries, and compensation (fill out below)	Other claims against servicer
☐ Services performed ☐ Taxes	•	digits of your SS #:		(not for loan balances)
Money loaned A Other (describe briefly)	Unpaid o	ompensation for services pe	rformed from:	to
2. DATE DEBT WAS INCURRED: VARIOUS—SECTION		OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that b				ne time case filed
See reverse side for important explanations.	est uesci ii	•	unt of the claim at the	ie time case med.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		·
Check this box if: a) there is no collateral or lien securing your claim, or b) you	our claim		our <u>claim is secur</u>	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your		a right of setoff).	ري کا ک	TIRUST DEED
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of	collateral:	Y PROPERTY
_		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral:	2.81,1	20.907=\$212017/1
Amount entitled to priority \$			7 32,4	ATTION COLET
		 Amount of arrearage ar secured claim, if any: 	nd other charges	included in
Specify the priority of the claim:	_	Cooling Gam, it dry.		A STATE OF THE STA
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towards for appropriate towards	ard purchase, lease	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal, family, or Taxes or penalties owed to go		·
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	H	Other - Specify applicable para		·,
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjus	stment on 4/1/07 an	d every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$	212	with respect to cases commen		
AT TIME CASE FILED:		167.61 + INTER		
(unsecured)	•		banks 35	
Check this box if claim includes interest or other charges in addition to the	principal a	amount of the claim. Attach ite	mized statement of	f all interest or additional charges. 🔀
6. CREDITS: The amount of all payments on this claim has been credit	ed and d	educted for the purpose of m	naking this proof	of claim.
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents				
running accounts, contracts, court judgments, mortgages, security ag	reements	s, and evidence of perfection	of lien. DO NO	T SEND ORIGINAL
DOCUMENTS. If the documents are not available, explain. If the do		-	•	
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	tiling of yo	our claim, enclose a stamped	d, self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent to	ov mail o	r hand delivered (FAXES N	IOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm,	prevailin	g Pacific time, on November	er 13, 2006	USE ONLY
for each person or entity (including individuals, partnerships, co	rporation	ns, joint ventures, trusts ar	nd	
governmental units). BY MAIL TO: B	Y HAND	OR OVERNIGHT DELIVERY TO):	
BMC Group				
		CM Claims Docketing Cente Franklin Avenue	r	
		io, CA 90245		•
DATE SIGN and print the name and title, if any, of the	creditor or			
this claim (attach copy of power of attorne				
11/3/06 HATHUREKEBBLE	0	ittur & Kell	le	

UNITED STATES BANKRUPTCY COURT	PRO	DOF OF CLA	31 5 62 1 M	4 15age Pa	ge34 of 11
DISTRICT OF NEVADA	1				
Name of Debtor:	Case Number:				
USA Commercial Mortgage Co.	06	-10725(L	BK)		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exarising after the commencement of the case. A "request" for paymen administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else filed a proof of claim relayour claim. Attach copy	has ating to		
Name of Creditor and Address:		statement giving particul			
Hannah Brehmer 188 Beacon Hill Dr.		Check box if you hat never received any notice from the bankruptcy cou	ces urt or		HIS PROOF OF CLAIM FOR A
Ashland, OR 97520		BMC Group in this case. Check box if this ad differs from the address envelope sent to you by	Idress on the	ONE OF THE DE If you have als Bankruptcy Coun	ready filed a proof of claim with the t or BMC, you do not need to file again.
Creditor Telephone Number (54) - 324- 9538 Last four digits of account or other number by which creditor identifies	s debtor:	court.		4-3-1	CE IS FOR COURT USE ONLY
7184 or 990	0 405.01.	Check here III	replac or amend	a previously	y filed claim dated:
1. BASIS FOR CLAIM	Retiree I	penefits as defined in 1			Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_ `	salaries, and compensar digits of your SS #:	ation (fi	ill out below)	Other claims against servicer (not for loan balances)
Money loaned		compensation for service	ces per	formed from:	to
2. DATE DEBT WAS INCURRED: 2005 - April - July	3 IE C	OURT JUDGMENT, D	ATE O	RTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the					the time case filed.
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$		SECURED CLAI			
Check this box if: a) there is no collateral or lien securing your claim, or I	b) your claim			ur claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of entitled to priority.	your claim is	a right of set	. *	collateral:	
UNSECURED PRIORITY CLAIM			_	Motor Vehick	e 🗍 Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Coll		\$	
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arrear secured claim, if	rage an any: \$	d other charges	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of depos	its towa	rd purchase, lease	e, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 day before filing of the bankruptcy petition or cessation of the debtor's	ys [services for personal, fa Taxes or penalties owe	•		
business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applical			
		with respect to cases of			nd every 3 years thereafter e date of adjustment.
	298,	569 - \$			\$ 298,569 -
(unsecured) Check this box if claim includes interest or other charges in addition to	•	secured)	ach itan	(priority)	(Total)
					•
 CREDITS: The amount of all payments on this claim has been on SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>. Contracts, court judgments, mortgages, security 	<i>cuments,</i> su agreement	uch as promissory notes s, and evidence of perf	s, purcl	hase orders, inv	oices, itemized statements of
DOCUMENTS. If the documents are not available, explain. If the 8. DATE-STAMPED COPY: To receive an acknowledgment of t proof of claim.				•	d envelope and copy of this
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5:00 pt for each person or entity (including individuals, partnerships, governmental units).	m, prevailin	g Pacific time, on No	zemba	r 13. 200 8	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVE	RY TO:		
Attn: USACM Claims Docketing Center P. O. Box 911	Attn: USA	CM Claims Docketing t Franklin Avenue	Center		
El Segundo, CA 90245-0911	El Segun	do, CA 90245			
DATE SIGN and print the name and title, if any, of this claim (attach copy of power of attom the power of attom the power of attom to the power of attom t	omey, if any):	·	to file		
MM.8, Till Hannah & Hannah &	Dush	na 0 V			
Hannah 1	Dron	m E ,			

Case 06a10765-900725-100c 86157m320 Entered 107/11/2/15724 154ge Page 15 of 11

FORM B10 (Official Form 10) (10/05) PROOF OF CLAIM United States Bankruptcy Court - District of Nevada Case Number 06-10725-LBR Name of Debtor **USA Commercial Mortgage Company** NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor (The person or other entity to whom the debtor owes ☐ Check box if you are aware that anyone else has filed a proof of money or property). claim relating to your claim. Louis J. Canepa IRA Attach copy of statement giving particulars. Name and address where notices should be sent: Louis J. Canepa IRA ☐ Check box if you have never received any notices from the c/o Laurel E. Davis bankruptcy court in this case. Lionel Sawyer & Collins 300 South Fourth Street, Suite 1700 Check box if the address differs Las Vegas, NV 89101 from the address on the envelope sent to you by the court. This Space is for Court Use Only Telephone number: 702-383-8888 Last 4 digits of account or other number by which creditor identifies debtor: Check here replaces a previously filed claim dated:___ if this claim □ amends 1. Basis for Claim ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a) ☐ Goods sold ☐ Wages, salaries, and compensation (fill out below) ☐ Services performed Last four digits of SS #: _ ☐ Money loaned Unpaid compensation for services performed ☐ Personal injury/wrongful death □ Taxes (date) (date) Other See Attachment 3. If court judgment, date obtained: 2. Date debt was incurred: 4. Classification of Claim. Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations Secured Claim ☐ Check this box if your claim is secured by collateral (including a right of setoff). Unsecured Nonpriority Claim \$ Brief Description of Collateral: ☐ Check this box if: a) there is no collateral or lien securing your claim, Real Estate Motor Vehicle Other or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. Value of Collateral: \$____ Unsecured Priority Claim. ☐ Check this box if you have an unsecured claim, all or part of which is Amount of arrearage and other charges at time entitled to priority case filed included in the secured claim, if any: \$ Amount entitled to priority \$ Specify the priority of the claim: ☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) services for personal, family, or household use - 11 U.S.C. § 507(a)(7). ☐ Wages, salaries, or commissions (up to \$10,000),* earned within 180 □ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 5. Total Amount of Claim at Time Case Filed: \$ (Total) (priority) (secured) (unsecured) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges This Space is for Court Use Only Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): January 12, 2007 /s/ Laurel E. Davis, Counsel for Claimant Laurel E. Davis, Counsel for Claimant

Case 06a10765-000725-100c $86157m3_{14}$ Fintered 107(1-12/15624;5 $\frac{1}{4}$ ge Page 46 of 11

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT DISTRICT	PROOF OF CLAIM				
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S 06-10725 LBR				
NOTE This form should not be used to make a claim for an administrative expense of the case A "request" for payment of an administrative expense may be filed put	~ ~				
Name of Creditor (The person or other entity to whom the debtor owes	Check box if you are aware that	[1			
money or property)	anyone else has filed a proof of				
CARDWELL CHARITABLE TRUST c/o James B Cardwell, Trustee	claim relating to your claim Attach	~			
	copy of statement giving particulars				
Name and address where notices should be sent	Check box if you have never				
	received any notices from the				
c/o Michael J Dawson Esq 515 South Third Street	bankruptcy court in this case				
Las Vegas, NV 89101	Check box if the address differs				
Telephone number (702) 384-1777	from the address on the envelope sent to you by the court	This space is for court use only			
	<u> </u>	This space is for court use only			
Account or other number by which creditor identifies debtor 4016	Check here replaces a previous	ly filed claim dated			
1 Basis for Claim					
Goods sold	Retiree benefits as defined in 11 U S C Wages salaries and compensation (fil				
Services performed	Last four digits of SS #	i out below)			
Money loaned	Unpaid compensation for service	es performed			
Personal injury/wrongful death Taxes	from to				
Other	(date)	(date)			
2 Date debt was incurred Various	3 If court judgement, date obtained				
4 Total Amount of Claim at Time Case Filed \$ 10 00	\$1,549 483 61	1 549 493 61			
(unsecured)	(secured) (priority)	(Total)			
If all or part of your claim is secured or entitled to priority, also complete					
Check this box if claim includes interest or other charges in addition to the	he principal amount of the claim Attach item	nzed statement of all			
interest or additional charges					
5 Secured Claim	7 Unsecured Priority Claim				
Check this box if your claim is secured by collateral (including a	Check this box if you have an uns	secured priority claim			
right of setoff)	Amount entitled to priority \$				
Brief Description of Collateral	Specify the priority of the claim	(, 04.005) # 1 .4 .00			
1	days before filing of the bankrup	(up to \$4 925) * earned within 90			
Real Estate Motor Vehicle	debtor's business, whichever is e	arlier 11 U S C § 507(a)(3)			
Other	1	nefit plan 11 U S C § 507(a)(4)			
Value of Collateral \$ Unknown	☐ Up to \$2,225* of deposits toward				
A	property or services for personal,	family or household use 11 U S C			
Amount of arrearage and other charges at time case filed included in secured claim if any \$	§ 507(a)(6)				
,		rt owed to a spouse, former spouse			
6 Unsecured Nonpriority Claim \$ \$10 00	or child - 11 U S C § 507(a)(7)				
Check this box if a) there is no collateral or lien securing your		nmental units - 11 U S C § 507(a)(8)			
claim or b) your claim exceeds the value of the property securing it, or	Other Specify applicable parag				
if c) none or only part of your claim is entitled to priority	1	4/1/07 and every 3 years thereafter with			
	<u></u>	n or after the date of adjustment			
8 Credits The amount of all payments on this claim has been credited and ded this proof of claim	This space is for court use only				
9 Supporting Documents Attach copies of supporting documents such as					
orders invoices itemized statements of running accounts contracts court judgements mortgages					
agreements and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the documents are					
not available, explain If the documents are voluminous attach a summary		i i			
10 Date-Stamped Copy To receive an acknowledgement of the filing of you addressed envelope and copy of this proof of claim	ı claım enclose a stamped self				
addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, if any of this claim (attach copy of power of attorney)					
11-13-06 this claim rate of copy of power of altorne					
Jan					

Case 06a10765-900725-1990 $86157m3_{14}$ Entered 107(19/12/8)15624; 54ge Page 47 of 11

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT DISTRICT (OF NEVADA	PROOF OF CLAIM				
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK S 06 10725 LBR					
NOTE: This form should not be used to make a claim for an administrative expens of the case A "request" for payment of an administrative expense may be filed pur						
Name of Creditor (The person or other entity to whom the debtor owes money or property) CARDWELL FAMILY TRUST C/O JAMES B CARDWELL & REBA JO	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	τ _				
Name and address where notices should be sent c/o Michael J Dawson, Esq 515 South Third Street Las Vegas NV 89101 Telephone number (702) 384 1777 Account or other number by which creditor identifies debtor s31670	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court	This space is for court use only by filed claim dated				
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 U S C Wages salaries and compensation (fil Last four digits of SS # Unpaid compensation for service from	l out below)				
2 Date debt was incurred Various	3 If court judgement, date obtained					
4 Total Amount of Claim at Time Case Filed \$\frac{\\$2 329 94}{\\$(unsecured)}\$\frac{\\$3 224,465 88}{\\$(secured)}\$\frac{\\$3 226 795 82}{\\$(priority)}\$\frac{\}{(Total)}\$ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
5 Secured Claim ☐ Check this box if your claim is secured by collateral (including a right of setoff) ☐ Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle	7 Unsecured Priority Claim Check this box if you have an unsecured Amount entitled to priority \$ Specify the priority of the claim Wages salaries, or commissions days before filing of the bankrup	(up to \$4,925),* earned within 90				
Other Value of Collateral \$ Unknown Amount of arrearage and other charges at time case filed included in secured claim, if any \$	§ 507(a)(6) Alimony, maintenance, or support	nefit plan 11 USC § 507(a)(4)				
6 Unsecured Nonpriority Claim \$ \$2,329 94 Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	Other - Specify applicable paragr	nmental units 11 U S C § 507(a)(8) raph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter with a or after the date of adjustment				
8 Credits The amount of all payments on this claim has been credited and deduthis proof of claim 9 Supporting Documents Attach copies of supporting documents such as orders invoices itemized statements of running accounts contracts, court judge agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DO not available explain If the documents are voluminous, attach a summary 10 Date-Stamped Copy To receive an acknowledgement of the filing of your addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of this claim (attach copy of power of attorney) 11-13 06	This space is for court use only					
Man 10 MM						

Case 06a1.0785-000725-100c 86577312 Finitered 107/11/11/15624754ge Page 38 of 11 FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court District of Nevada (Las Vegas)				PROOF OF CLAIM		
Name of Debtor USA Commercial	Name of Debtor USA Commercial Mortgage Company Case Number: 06-10725LBR					
		be used to make a claim for an administrative expense arising after the commencement ayment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
debtor owes money or pr		else you	eck box if you are aware that anyone e has filed a proof of claim relating to ur claim. Attach copy of statement			
Cohen Living Trust	dated March 6, 1990		ing particulars. eck box if you have never received any			
Name and address where c/o Scott D. Fleming, Es Hale Lane Peek Denniso 3930 Howard Hughes Pa	g. n and Howard urkway, 4th Floor	not cas	tices from the bankruptcy court in this			
Las Vegas, Nevada 8916 Telephone number: 702			court.	This Space is for Court Use Only		
Last four digits of accoun	nt or other number by which creditor count ID 2320	Check if this		viously filed claim, dated:		
1. Basis for Claim Goods sold Services perform Money loaned Personal injury/v	vrongful death	Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensations (fill out below) Last four digits of SS #: Unpaid compensations for services performed from to				
2. Date debt was incur	rred: See Attachment A	3. If	court judgment, date obtained:			
See reverse side for i Unsecured Nonpriority a) Check this box if: a) the b) Your claim exceeds the only part of your claim is Unsecured Priority Cla		m, or me or	Secured Claim Check this box if your claim is see a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Value of Collateral: \$	ured by collateral (including		
Amount entitled to priori	ity		secured claim, if any: \$	satume case med included in		
Specify the priority of the Domestic support of (a)(1)(B)	e claim: bligations under 11 U.S.C. § 507(a)(1)(A) or		Up to \$2,225* of deposits toward p or services for personal, family, or § 507(a)(7).	household use — 11 U.S.C.		
days before filing of the	☐ Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(4). ☐ Taxes or penalties owed to government of *Amounts are subject to adjustment of with respect to cases commenced on or *Amounts are subject to adjustment of with respect to cases commenced on or *Amounts are subject to adjustment of *Amounts are subject to *Amounts are *Amoun					
	employee benefit plan — 11 U.S.C. § 507(a)	(5).				
 Total Amount of Claimerest or additional 	m includes interest or other charges in addition	on to the	(unsecured) (secured) principal amount of the claim. Attach it	(priority) \$ Unknown (priority) (Total) emized statement of all		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.						
Date						
November 9, 2006						

FORM B10 (Official Form 10) (10/05)

Homes Come Demonstrate Comm	Demonstration 1		
United States Bankrupicy Court	DISTRICT OF Nevada	PROOF OF CLAIM	
Name of Dubtor			
U.S.A Commercial Mortgage Co	106-10725-LB	R_	
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense in	istrative expense arising after the commenceme as be filed nursuant to 11 U.S.C. 8 503	nt	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Shirley M Collins.	Check box if you are aware that anyone else has filed a proof of claim relating		
trustecas her some aseparate property	your claim Attach copy of statement		
Name and address where notices should be sent	giving particulars		
	Check box if you have never received a notices from the bankruptcy court in the		
Shirley M Collins Court 1975 Snow berry Chort Telephone multiple, Ca 92-009	case	1	
Carlshad Co a- are	Check box if the address differs from the address on the envelope sent to you by	•	
	the court	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor	Check here	51-11-11-11	
	if this claim amends a previously	filed claim dated 12-15-06	
1 Basis for Claim	Retiree benefits as defined		
Goods sold Services performed	Wages salaries and compo		
Money loaned	Unpaid compensation for s		
Personal injury/wrongful death	from	to	
Taxes See exhibit A	(date)	(date)	
2 Date debt was incurred	3 If court judgment, date obtain		
12-16-200	3 If court judgment, date obtain	nea	
4 Classification of Claim Check the appropriate box or boxes the	nat best describe your claim and state the amo	unt of the claum at the time case filed	
The second side for important explanations	Secured Claim	and or the ordina at the time case three	
Unsecured Nonpriority Claim \$	Chack thus how of your along	we are accounted by a allest and 4 and 4	
b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	a right of setoff)	m is secured by collateral (including	
only part of your claim is entitled to priority	Brief Description of Colla	tera	
Unsecured Priority Claim	Real Estate Mot		
Check this box if you have an unsecured claim all or part of w			
citaled to priority	Amount of arrearage and other of	harges at time case filed included in	
Amount entitled to priority \$	secured claim if any \$ 12	549 03	
Specify the priority of the claim	Up to \$2 225* of deposits toward	purchase lease or rental of property	
Domestic support obligations under 11 U S C § 507(a)(1)(A) o	or services for personal family or	household use - 11 U S C	
(a)(1)(B)	[] (- · · (- ·)(· ·)		
Wages salaries, or commissions (up to \$10 000) * earned within	180 Cher Specify analysis by a series	mental units - 11 USC § 507(a)(8)	
days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C § 507(a)(4)	Other - Specify applicable paragra		
Contributions to an employee benefit plan 11 USC § 507(a)		4/1/0/ and every 3 years thereafter in or after the date of adjustment	
5 Total Amount of Claim at Time Case Filed	\$880 190 74 880 190.24	1 3 640 140 VI	
<u> </u>	7	(priority) (Total)	
Check this box if claim includes interest or other charges in add interest or additional charges	ation to the principal amount of the claim. At	tach itemized statement of all	
6 Credits The amount of all payments on this claim has been	credited and deducted for the number of		
making this proof of claim		THIS SPACE IS FOR COURT USE ONLY	
7 Supporting Documents Attach copies of supporting docume	nts, such as promissory notes purchase		
The state of the s	Cts court undemante mantenante		
agreements and evidence of perfection of lien DO NOT SENI documents are not available, explain If the documents are voluments are voluments.	DUNIGINAL DOCUMENTS If the	an 1 1 20	
o Date-Stamped Copy to receive an acknowledgment of the fit.	ing of your claim enclose a company	FILED JAN 11 209	
envelope and copy of this proof of claim		£ 0 mm.	
file this claim (attach convict many, of th	e creditor or other person authorized to		
the copy of power of attorn	iey irany)	HOAONG	
Shirley M. Collins, to	ustee	USA CMC	

UNITI D STAFFS BANKRUPTCY COURT DISTRICT OF Nevada					
Name of Debtor	Case Nu				PROOF OF CLAIM
USA COMMERCIAL MORTERGE COMM		6-	107	25-LBR	
NOTE. This form should not be used to make a claim for an administration					
of the case. A request for payment of an administrative expense ma	ny be fil ed pur	suant to	บเบร	C § 503	
Name of Creditor (The person or other entity to whom the				ware that anyone f claim relating to	
OANIEL D. NEWMAN, TRUSTEE	your cl	aım A	ttach cop	by of statement	
PANIEL D. NEWMAN FENT DATED 11/1/92	giving				
Name and address where notices should be sent				never received any uptcy court in this	
DAW, EL D. NEWMAN 125 ELYSIAN DRIVE 5=0000 AZ 86336	Case.	hox if t	he addre	ss differs from the	
	address	on the		e sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number 928 282 5466 Last four digits of account or other number by which creditor	the cou		replac	es	
identifies debtor	if this c				ed claim dated
1 Basis for Claim					11 U S C § 1114(a)
Goods sold Services performed	L	J Wa	iges sala st four d	aries and compens igits of your SS #	ation (fill out below)
Money loaned		Un	paid coi	mpensation for sei	vices performed
Personal injury/wrongful death		fro	m		to
Taxes Other				(date)	(date)
2 Date debt was incurred MARCH 1999	3.	f cour	t judgm	ent, date obtaine	d.
4 Classification of Claim. Check the appropriate box or boxes th	hat best descri	be your	claım a	nd state the amoun	of the claim at the time case filed
See reverse side for important explanations.			ed Clain		
Unsecured Nonpriority Claim \$\(\frac{\lambda \text{MS 4 OF EX B}}{\text{C}}\)			Theck thi	s box if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or a right of setoff) b) your claim exceeds the value of the property securing it, or if c) none or					• •
only part of your claim is entitled to priority		77		scription of Collate	parting .
Unsecured Priority Claim	-	~		Estate Motor	ll
Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Value of Collateral \$\iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					
Amount entitled to priority \$	L	secure	d claım,	if any \$L/NE	20±5×A
Specify the priority of the claim	ا السا				irchase, lease or rental of property ousehold use - 11 U S C.
Domestic support obligations under 11 U S C. § 507(a)(1)(A) (a)(1)(B)	or — §	507(a)		isonai, ranniy oi i	ousellond use - 11 U 5 C.
Wages salaries or commissions (up to \$10 000),* earned with	19A ==		•	_	ental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debi	tor's				h of 11 U S C § 507(a)()
Contributions to an employee benefit plan - 11 USC § 507(a	71,70				/1/07 and every 3 years thereafter or after the date of adjustment
5 Total Amount of Claim at Time Case Filed.		JUZ	XA A	MULEXA	LNYEXA
5 Total Amount of Claim at Time Case Filed. \$\(\begin{array}{c} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
interest or additional charges 6 Credits. The amount of all payments on this claim has been					
making this proof of claim			-30 101 U	ar harbone or	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase					
orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security I 1 2007 agreements and evidence of perfection of lies DO NOT SEND ORIGINAL DOCUMENTS If the					
documents are not available explain if the documents are voluminous attach a summary					
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self- addressed envelope and copy of this proof of claim					
Date Sign and print the name and utile if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)					
JAN 9 file this claim (attach copy of power of atto		و			
2007 DANIEL D NEWMAN	. TRUS	/=	-	ļ	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 o	r imprisonmen	t for u	p to 5 ye	ears or both 18	1072502030

FORM B10 (Official Form 10) (10/05)

UNITED STAILS BANKRUPTCY COURT	Dis	TRICT	OF	Nevada	77777
Name of Dubtor Case Number					PROOF OF CLAIM
USA Commercial Mortgage Compay 06-10725-LBR					
NOTE. This form should not be used to make a claim for an adminis	strative exp	ense ar	nsing	after the commencement	
of the case A request for payment of an administrative expense ma	y be filed	pursuar	ol lo	11 080 9705	1
Name of Creditor (The person or other entity to whom the dubtor owes money or property)				u are aware that anyone proof of claim relating to	
Darlene Hammond trustee of the	you	r claım	Atta	ach copy of statement	
Dar Living trust dated 2/12/03	l — ~	ng parti ck hox		s u have never received any	
Name and address where notices should be sent Darlene Harmmond	note	ces fro		bankruptcy court in this	
308 La Rux Cr	Case Che		ıf the	address differs from the	
Las V2903, NV 87145 Telephone number 702-240-2425	1	ress on court.	the e	nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Che	ck here		replaces	
identifies debtor	ıf th	ıs claın	n	amends a previously file	d claim dated
1 Basis for Claim				ree benefits as defined in less salaries and compensa	
Goods sold Services performed		ш	Last	four digits of your SS #	
Money loaned			-	aid compensation for serv	-
Personal injury/wrongful death Taxes SEEN, b. + A			from	(date)	o(date)
Z viidi				,,	
2. Date debt was incurred	3.	if co	ourt į	judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes th	at best des	cribe y	our c	claim and state the amount	of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 1646 28 50		Sec	ured	Claim	
E-2	ır claım, or		Ch	eck this box if your claim if setoff)	s secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief Description of Collateral					
Unsecured Priority Claim		1	Name of Street, or other Designation of the last of th	Real Estate Motor	
Check this box if you have an unsecured claim all or part of which is					
entitled to priority		Am	ount	of arrearage and other char	ges at time case filed included in
Amount entitled to priority \$		secu	ired o	claim, if any \$ 2 4 44	67
Specify the priority of the claim				25* of deposits toward pur for personal family, or ho	chase, lease or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A) o	or	§ 507			uschold use - 11 0 5 C
Wages salaries or commissions (up to \$10,000) * earned with	n 180 🗔				ntal units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C \$ 507(a)(4)	or's		_		of 11 USC § 507(a)()
Contributions to an employee benefit plan - 11 U S C \ 507(a					107 and every 3 years thereafter or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		1646	28	50 1646850	16468850
Check this box if claim includes interest or other charges in add		(unsex	cured)	(secured) (priority) (Total)
interest or additional charges					· · · · · ·
6 Credits The amount of all payments on this claim has been making this proof of claim	credited a	nd ded	lucte	d for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docum	ents such	as pror	nisso	ory notes, purchase	
orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the					
documents are not available explain If the documents are volu-	minous ati	ach a s	sumn		4 4 0007
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped Lab JAN 1 1 2007 addressed envelope and copy of this proof of claim.					
addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the creditor or other person authorized to					
file this claim (attach copy of power of attor	mev if any	Λ	_	, i	
D. n. 11.	v Des	KIV	3	21,2/0	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	Musicon	ent for	· pro ·		1072502045